

Physical Examination Clearance

This is to confirm that _____
(student's name) (semester & year)

enrolled in the _____ Program had a physical examination

done on _____ and meets the essential performance requirements indicated
(date)

on the bottom of this form.

(name of physician/agency)

(signature and title of examining physician/practitioner)

(date)

(print name & title)

ISSUE	STANDARD	EXAMPLES
Hearing	Ability sufficient to monitor and assess health needs.	Converse with patients and healthcare professionals; auscultation of BP; breath, heart and bowel sounds; respond to paging systems, bells, telephones, and equipment sounds.
Mobility	Mobility and strength sufficient to support and move patients.	Support and transfer patients, move in and out of treatment areas. Reach equipment and parts of patient's body.
Motor Skills (fine and gross)	Perform multiple motor tasks simultaneously. Ability to lift, move, position, and transfer patients.	Maneuver and operate equipment, pushing, pulling, carrying, perform CPR.
Tactile	Tactile ability sufficient for physical assessment.	Distinguish hot and cold skin temperature, pulse rate; feel anatomical landmarks. Distinguish textures, degree of firmness, temperature differences.
Visual	Ability sufficient for observation and assessment necessary in nursing care. Have peripheral form depth perception and ability to distinguish shades of color.	Describe changes in patient's skin color, administering medications, thermometers, reading and writing patient's charts, flow sheets, monitors; interpret reagent tests, color of body fluids.

